First National Conference for Survivors of Suicide Attempts, Health Care Professionals, and Clergy and Laity

Summary of Workgroup Reports

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Introduction

On Oct. 19-21, 2005, over 100 participants met in Memphis, TN, for the First National Conference for Survivors of Suicide Attempts (SOSAs), Health Care Professionals, and Clergy and Laity. One purpose of this meeting, held under the leadership of the Organization of Attempters and Survivors of Suicide in Interfaith Services (OASSIS) and the Suicide Prevention Action Network (SPAN USA), was to "focus national attention on the continuing needs of persons who have experienced suicide attempts and, for the first time, bring them together with those in the forefront of medical research and therapeutic techniques." According to the Centers for Disease Control and Prevention, there are more than 600,000 suicide attempts each year—or more than 1,600 a day—in the United States.

The second central purpose of the conference was to provide a forum for survivors of suicide attempts "to express their views, gain strength from each other, learn of new dimensions and practices from health care professionals, and provide insights for family, friends, and members of faith-based communities." As conveyed by attempt survivors at the meeting, SOSAs traditionally have felt excluded from the suicide prevention "table," despite their unique insight into the issues involved. When they have participated, they often have felt unwelcome or that their perspective was considered less valid than that of individuals who had survived the suicide of a loved one. This conference recognized the critical role of survivors of suicide attempts in identifying their needs and in guiding the development of effective prevention and aftercare strategies.

During the conference, participants divided into four workgroups— survivors of suicide attempts, families and friends of attempt survivors, health care professionals, and clergy and laity—to consider issues related to suicide attempts and the needs of survivors. The workgroups also were asked to identify steps to advance the National Strategy for Suicide Prevention. This document summarizes recommendations presented by the workgroups during the closing session of the conference.

Please note that these recommendations reflect the views of those who were able to attend the conference: they should not be regarded as the views of a representative sampling of the groups involved. The number of attendees was small given the millions of diverse individuals, families, health care providers, and others affected by suicide attempts nationwide. Conference participants, however, came together because they shared a deeply held conviction that we can—and must—find ways to better address the needs of survivors of suicide attempts. Their recommendations are based on this conviction as well as on the substantial knowledge and experience they contributed to the effort. Their recommendations deserve our consideration, followed by action.

Workgroup Recommendations

This *Summary* organizes the workgroups' recommendations in three sections: general themes discussed by all during the closing session, recommendations made by survivors of suicide attempts themselves, and recommendations to improve aftercare. Recommendations of the SOSA workgroup are presented separately to highlight the importance of paying close attention to the unique insights and experiences of attempt survivors.

In these recommendations, the term "mental health providers" includes substance abuse treatment providers.

General Themes

The following recommendations emerged from an open dialog among the participants of all workgroups.

- The differing contexts within which we understand and talk about suicide need to be better defined. For example, in religious and law enforcement contexts, suicide is considered a sin or a crime—categories of conscious human behavior typically defined by the verb "to commit." Although not explored during the closing discussion, different contexts hold different implications for suicide attempt prevention.
- We must offer prevention approaches that are comprehensive and multi-layered in nature, and that work toward integrating an often fragmented system for delivering health care. Key providers of community-based services must include primary and specialized mental health treatment providers as well as clerics and lay members of faith-based organizations.
- The support and treatment resources we provide to survivors of suicide attempts must be developed and sustained in ways that provide a stigma-free system of aftercare. These resources also must focus on integrating SOSAs within a strengthened network of social and community-based supports.
- Other resources, such as attempt survivor support groups, are needed as effective means of mitigating the risk of suicidal behaviors among those who engage in serial suicide attempts.
- Individuals involved in community-based prevention need access to nuts-and-bolts methods to address issues such as collaborative operations, legal concerns, marketing, funding, and involving grassroots advocates.
- Additional research is needed to better understand the complex physiological interactions in the brain and body (for example, the endocrine system) before and after traumatizing suicidal behaviors.

Survivors of Suicide Attempts Workgroup Recommendations

Although the SOSA workgroup made several important recommendations, one rises above all others. It is to:

> *Actively involve suicide attempt survivors and mental health consumers in planning, implementing, and evaluating all suicide prevention efforts.*

This one overarching recommendation sums up the conclusions reached by the SOSA participants during a workgroup focused on "Defining Our Needs."

Additional recommendations made by the SOSA workgroup are divided into four broad categories. Needs of suicide attempt survivors identified during the workgroup discussion introduce each category below.

Experience-Based Advocacy

Survivors of Suicide Attempts need a voice in suicide prevention, mental health care, and future research. This voice should be unified to help focus advocacy efforts, but also respect the range of perspectives and opinions among SOSAs.

- Include people who have engaged in suicidal behaviors when discussing and defining terminology used in the field of suicide prevention.
- Create a national group specifically for suicide attempt survivors that could both advocate for attempt survivor issues and help develop local support groups.
- Create a division specifically for SOSAs within national suicide prevention organizations.
- Sponsor annual conferences for suicide attempt survivors, their families, friends, and relevant professionals.
- Hold conference events tailored to attempt survivors and mental health service consumers.
- Create an easily accessible "talent bank" of SOSAs willing to speak publicly and be involved in policy discussions, conferences, and campaigns.
- Provide designated funding to ensure participation of SOSAs in suicide prevention conferences.

Access to Care

Survivors of Suicide Attempts need to be empowered to play a greater role in their own care when they are able and to have access to support systems that advocate to caregivers on their behalf when they are not.

Survivors of Suicide Attempts need improved access to quality mental health care services that are affordable, consumer focused, and safe for those at risk for self-harm.

- Offer more individualized treatment options that are covered by health insurance and are recognized and supported by health and mental health providers.
- Ensure quality mental health care to all regardless of pre-existing illnesses. One step would be to enact legislation for parity in mental health insurance coverage.
- Provide reimbursement for alternative types of cost-effective care (e.g., self-help, support groups, and effective alternative medical treatments).
- Increase early intervention programs. Base programs on a developmental model that includes parent education and skills development as well as strengths-based interventions for young children.

Diversity of Care

Survivors of Suicide Attempts need access to culturally competent programs and services that recognize and accept their diversity. The age, gender, culture, ethnicity, and sexual orientation of SOSAs profoundly affect their service and support needs.

- Provide mental health care services that meet the varying needs of individuals across the lifespan and during the particular phases of a mental illness. These services may include care offered at more levels, such as urgent care when individuals do not feel they can safely wait until the next outpatient appointment, but they are not so ill as to warrant treatment in an emergency department or inpatient setting.
- Provide care that respects the special needs and cultural perspectives of individuals.
- Encourage more research relevant to SOSAs and translate research findings into practice. Focus on:
    - Treatment (i.e., medications, therapy, groups, self-help, and alternative care)
    - Insights of mental health consumers and SOSAs that can add to the understanding of protective factors (such as life skills and social connections) and inform prevention efforts
    - Socioeconomic factors such as bankruptcy, lack of basic needs (food, shelter, clothing), and lack of transportation
    - Legal problems and criminal justice

Stigma Reduction

Survivors of Suicide Attempts need to be able to live stigma-free as suicide attempt survivors and as consumers of mental health services.

- Conduct a social marketing campaign to reduce stigma among family members, employers, providers, people involved in suicide prevention, and others. Feature, in appropriate and safe ways, suicide attempt survivors and consumers of mental health services, celebrities, and non-celebrities who are in recovery.
- "Celebrate the living" with activities such as awareness posters or quilts with the faces of suicide attempt survivors and public ceremonies, such as candle lightings or planting trees or flowers.
- Look for ways to resolve the competing interests of individual liberties and restricted access to the means of committing suicide (e.g., owning a firearm or obtaining a 3-month supply of a prescription drug). Educate providers of mental health and health services, consumers, family, and friends about the issues involved.

Recommendations To Improve Aftercare

The theme for the health care professional workgroup was "What More Can We Do?" Health care professionals explored and defined steps that could improve the aftercare of survivors of suicide attempts, with specific action steps proposed for each of the following key sectors.

First Responders

- Develop assessment tools for use by first responders; provide training to first responders about suicidal behaviors and appropriate responses to SOSAs.

Emergency Department Staff

- Provide training for staff assessing and managing SOSAs. Periodically update training. Draw on SOSAs to contribute to curriculum development and training.
- Select emergency department staff to specialize in triage, assessment, and treatment of SOSA patients. Base selection on personal qualities such as sensitivity, and provide necessary training.
- Explore models that provide a support person to walk through the emergency department treatment process with the SOSA (e.g., the "LOSS" concept developed at the Baton Rouge Crisis Center and rape crisis support).
- Provide staff with resources to share with SOSAs, their families, and others (such as those listed at the end of this *Summary*). Educate staff on ways to disseminate information about local resources.
- At admission, obtain collateral information from emergency medical technicians. During evaluation, collect additional information from family and existing health care providers and involve them in decision-making about treatment planning.

Hospital Staff

- Provide in-service training about suicidal behavior for relevant staff, including information about resources available to SOSAs and their families.
- Improve transfer of care and communication among professionals and departments within hospitals, and between hospital professionals and those working in the community and in other agencies.
- Recognize the potential contributions that chaplains and other faith-based community members can make to link SOSA patients with their communities, provide supportive services, and disseminate information.

Mental Health Professionals

- Work to improve communication among providers in all segments of care delivery systems.
- Explore alternatives to psychiatric hospitalization for SOSAs.
- Seek to increase supportive networks outside hospitals (e.g., 12-step model).
- Identify and develop appropriate venues for information dissemination to families after hospitalizations.
- Improve continuity of care as SOSAs move between treatment settings.
- Explore potential contribution of volunteer support systems (e.g., victim support model).
- Employ patient-tracking systems that improve the likelihood that follow up and aftercare will be provided.

Case Managers

- Establish procedures to allow insurance preauthorization for more visits during periods of increased stress and trauma. Fast track referrals to supportive agencies.
- Address poverty issues and facilitate access to community, State, and Federal resources when serving SOSAs.

Primary Health Care Providers

- Provide reimbursement incentives for mental health assessment in primary care settings.
- Train primary care providers to include suicide risk assessment for patients with depression and other mental health problems, including substance abuse.

Researchers

- Study the cost effectiveness of various treatments.
- Examine the effects of a patient's suicide attempt on the therapeutic relationship.

- Create a registry of suicide attempts for research purposes; consider the Danish model (See: Christiansen, E. and Jensen, B. F. Register for Suicide Attempts, *Dan Med Bul*., 2004, Nov:51(4)415-7 [PMID: 16009065]).
- Study the effectiveness and cost-effectiveness of psychiatric hospitalization as a means of preventing further attempts on a variety of patient groups, especially adolescents.
- Explore coping strategies for various populations of SOSAs that may improve outcomes after a suicide attempt.
- Evaluate current treatments after a suicide attempt; develop and test innovative treatments.

Faith-Based Leaders

- Provide clergy and laity with in-service training about suicidal behaviors. Includes resources available to SOSAs and their families.

Employers/School Health Providers

- Promote training for school leaders and employee assistance program providers to better assess suicide risk and to decrease stigma toward SOSAs.
- Promote training for gatekeepers within schools and among human resource professionals.
- At professional conferences, promote sessions and activities dealing with issues surrounding suicide attempts.
- Promote parity for mental health care within employer-based insurance programs.

Public and Private Sector Policymakers

- Increase national and State recognition of issues affecting SOSAs and reflect that recognition in taxpayer-funded programs.
- Increase funding to strengthen the infrastructure and delivery of mental health services.
- Create means to ensure affordable, quality mental health treatments for all, regardless of income.
- Integrate policies and programs across service systems to strengthen support to SOSAs.
- Identify policy improvements to address the issue of untreated parental mental illness.
- Fund research on the cost-effectiveness of various public and private health policies.

Conclusion

This brief *Summary* cannot begin to capture the wealth of thought, emotion, and enthusiasm present in the first national gathering focused on survivors of suicide attempts. For all of the participants, and particularly for survivors of suicide attempts, it took incredible courage and commitment to the well-being of others to share their stories of pain and hope. Those who attended this conference were each touched in some significant—and unforgettable—way by this experience.

Our mandate for future action is clear. We, as a Nation of communities, must dramatically improve how we incorporate the perspectives and needs of attempt survivors into our suicide prevention and aftercare efforts. We can best show our respect for attempt survivors by working across our policy and service delivery areas to transform the workgroup recommendations from concept to reality. For the millions of individuals who attempt suicide, the difference can be life-altering.

Additional Resources

This list has been added to the workgroup summary. Readers may find these resources useful in developing policies and providing programs and services that meet the needs of suicide attempt survivors and their families.

National Suicide Prevention Lifeline: After an attempt—A guide for medical providers in the emergency department taking care of suicide attempt survivors. CMHS-SVP-0161, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2006. Available from SAMHSA's Mental Health Information Center at: http://nmhicstore.samhsa.gov/publications/ordering.aspx

National Suicide Prevention Lifeline: After an attempt—A guide for taking care of your family member after treatment in the emergency department. Also available in Spanish as: *National Suicide Prevention Lifeline: Cuidandose a si mismo y a su familia—Una guía familiar para su pariente en la sala de emergencies.* CMHS-SVP-0159, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2006. Available from SAMHSA's Mental Health Information Center at: http://nmhicstore.samhsa.gov/publications/ordering.aspx

National Suicide Prevention Lifeline: After an attempt—A guide for taking care of yourself after your treatment in the emergency department. Also available in Spanish as: *National Suicide Prevention Lifeline:Cuidándose depués de un intento de suicidio—Siguiendo adelante después de su tratamiento en la sala de emergencies.* CMHS-SVP-0157, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2006. Available from SAMHSA's Mental Health Information Center at: http://nmhicstore.samhsa.gov/publications/ordering.aspx

Lifeline service and outreach strategies suggested by suicide attempt survivors:Final report of the attempt survivor advisory summit meeting and individual interviews. National Suicide Prevention Lifeline Consumer/Recipient Subcommittee. Rockville, MD: National Suicide Prevention Lifeline. 2007. Available at: http://www.suicidepreventionlifeline.org/media/pdf/NSPL-SOSA_Report-7-31-07_FINAL.pdf

The cost of violence in the United States. Centers for Disease Control and Prevention, National Center of Injury Prevention and Control, Division of Violence Prevention. 2007. Available at: http://www.cdc.gov/ncipc/factsheets/CostOfViolence.htm

U.S. Suicide Prevention Fact Sheet, 2000 - 2004. Suicide Prevention Resource Center and Pacific Institute for Research and Evaluation. 2007. Available at: www.sprc.org/stateinformation/PDF/statedatasheets/sprc_national_data.pdf

State Data Fact Sheets for each of the 50 States and District of Columbia are also available at: www.sprc.org/stateinformation/datasheets.asp